

Minutes

ICD-9-CM Coordination and Maintenance Committee Meeting

April 8, 1997

Dear Participant:

Enclosed is a summary of the diagnosis presentations from the December 6, 1996 ICD-9-CM Coordination and Maintenance Committee Meeting. Please take a few minutes to write your comments on the proposed changes to the classification on this summary document and mail it back to us at:

ICD-9-CM Coordination and Maintenance Committee
The National Center for Health Statistics
Data Policy and Standards Staff
6525 Belcrest Road, Rm. 1100
Hyattsville, MD. 20782

Comments on the December meeting topics must be received by January 31, 1997.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is tentatively scheduled to be held Thursday and Friday June 5 & 6, 1997 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the June meeting must be received no later than April 5, 1997.

Thank you for your participation in these public forums on the ICD-9-CM. Your comments help insure a more timely and accurate classification.

Sincerely,

Donna Pickett, R.R.A., Co-Chairman

ICD-9-CM Coordination and
Maintenance Committee

Enclosures

ICD-9-CM Volume 1 and 2, Diagnosis Coding Issues

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SUMMARY

ICD-9-CM Coordination and Maintenance Committee

Volumes 1 and 2, Diagnostic Presentations

December 6, 1996

Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting. Ms. Pickett made a few announcements regarding meeting issues and transportation to the airport. Everyone in attendance, including those who had signed in the previous day, were asked to sign the NCHS attendance book. Attendees were also asked to indicate on the sign-in sheets whether they would prefer to receive the summary packet on paper or electronically. We are attempting to determine what percentage of C&M participants can receive e-mail to attempt to expedite the distribution of the summary of the meeting. Ms. Pickett then reiterated what had been announced on the first day of the meeting, that all written comments on this meeting's agenda needed to be received by January 31, 1997 for consideration and that requests for new proposals be submitted by April 5, 1997 to be considered for inclusion on the June C&M 1997 agenda.

In answer to some inquiries made prior to the start of the meeting she announced that no ICD-10-CM presentation would be made at this meeting. It is hoped that an ICD-10-CM presentation can be made at the June meeting. Should such a presentation be made it would be published in advance in the Federal Register announcement.

Continuing Education certificates were available at the conclusion of the meeting.

SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS

The following topics were presented at the meeting. An additional addenda item has been added to the tabular addenda. It is an excludes note at code 989.84. (see enclosed documents)

Obstetric modifications

The OB proposals were postponed until after lunch to allow for the arrival of Dr. Griffith. His plane was delayed and he was not able to attend, so Melanie Witt, R.N., of ACOG made the presentation on behalf of the organization. All of the proposals were well received but there were many comments and questions.

Strep B screening can be done antenatally or during labor and delivery. For this reason it was questioned whether category V28, Antenatal screening, was the best place for this new code. Also, the suggested history of multiple births proposal would be applicable only for a non-pregnant woman. An additional code was suggested for a pregnant woman who has a history of multiple births.

There was support for the proposal to modify the fetal distress code though there were many comments from the audience about the difficulty in using this code due to incomplete documentation and the possible legal implications associated with the code. There was no consensus in the audience that physician documentation would change in accordance with this proposal. The question of whether the term "sustained arrhythmia" would constitute fetal distress or non-reassuring fetal status was raised. Ms. Witt stated that ACOG will need to respond to this.

There were no suggestions for the creation of a new V category for Rh negative status though it was considered a good idea. It is hoped that suggestions will come in with the written comments.

Bilateral amputation status

This proposal met with approval though it was suggested that excludes notes be added to exclude single amputation codes from the bilateral codes.

Status post eye surgery

It was suggested that an excludes note excluding aphakia be added to the proposed code for cataract extraction status and that an

index search be done on code V45.6 to see if there are any other postsurgical status codes currently indexed to V45.6 for which a new code would be useful. This proposal adds codes for only the inclusion terms currently cited in the tabular list. These suggestions were agreed to. It was also stated by a member of the audience that the intent of the code for eyelid adhesions following eye surgery was an anticipated postsurgical state, not a complication of surgery. This intent needs to somehow be included in the new code.

BB/pellet gun e-codes

There was strong support for these new E codes, though the consensus was that all of the new codes should be included within the firearms E codes to correspond to their classification in ICD-10.

Congenital anomalies of abdominal wall

The new code for prune belly syndrome was the most well-received of these congenital anomaly codes as it is a condition frequently seen at many of the facilities represented by audience members. Dr. Charles Hawtrey, of the American Urological Association, requested that the term prolapse of bladder mucosa be included under the new prune belly syndrome code. It is currently indexed to an "other" code. He also requested that the eponym Eagle-Barrett syndrome be indexed to the new code.

Late effects of cerebrovascular disease

This topic was one of the most popular proposals presented. Dr. Laura Powers, representing the American Academy of Neurology, strongly supported the concept, selecting option #3 as the best choice. Members of the rehabilitation community present in the audience also felt the proposal would greatly enhance data on stroke patients.

Official coding guidelines on the coding of cerebrovascular accidents would be changed to correspond to this modification.

Family history of malignant neoplasm

Dr. Hawtrey requested that an additional code for family history of testicular cancer be added to this proposal.

Orthopedic aftercare

There was some discussion on whether this proposed fifth-digit extension to identify the site was necessary or if the information was captured in the procedure code. It was pointed out that ICD-9-CM volume 3 does identify the site for the orthopedic procedure codes, CPT does not.

An alternative modification was suggested should it be decided that fifth-digits are needed, and that is, to identify body sites instead of specific bones in case an aftercare visit is for something other than a fracture.

Staph aureus sepsis

There were no objections to this proposal.

Cryptosporidiosis

There were no objections to this proposal.

Viral hepatitis carrier status

There were no objections to this proposal.

Hypercalcemia/Hypocalcemia

Because of the large number of inclusion terms under code 275.4, Disorders of calcium metabolism, it was asked whether additional new codes would be useful or if all would be appropriately included in the new "other" code. It was stated that all other terms except for hypercalcemia and hypocalcemia would be indexed to the "other" code.

Total parenteral nutrition status

It was requested that inclusion terms be added under the new proposed code for enteral alimentation status code for feeding by nasogastric tube and jejunostomy.

Malignant glaucoma

There was some concern expressed over the meaning and intent of this new proposed code. It was questioned whether this is always a postoperative complication. If so, an excludes note for it was requested at the complication codes so that coders do not feel the need to use a complication code in conjunction with this new

code. The term malignant glaucoma was also an issue. Some in the audience felt that it is a term that can be used for conditions other than aqueous misdirection syndrome. The AAO will be contacted regarding these questions.

Nonhealing corneal injury

Two questions were raised on this topic. If a code is created for non-healing corneal injury then how would one code a healing corneal injury? And, would such a code be used for all types of injuries or just abrasions as is suggested in the background statement? The AAO will be contacted regarding these questions.

Febrile convulsions

There was strong support for this proposal. The only issue raised was the classifying of infantile convulsions. Some felt it would be synonymous with febrile convulsions. Dr. Powers commented that febrile convulsions can occur for a variety of reasons in persons of any age, not just children, and infantile convulsions are not necessarily febrile, so, that term should be included with the "other" code.

Crohns' with intestinal obstruction

The concept of including the etiology and the manifestation of an illness within a single code was well received. It was agreed that this type of code would eliminate the dilemma over selection of principal diagnosis.

There were some suggestions for refining the proposal, such as, reordering the fifth-digits, adding excludes notes, and other structural issues. All of these will be considered.

The use of the term complication versus manifestation was discussed. It was agreed that the fifth-digit 0 should read "without complication" to correspond to ICD convention and that the use additional code notes should read "Use additional code to identify other manifestation" since the fifth-digits are types of manifestations.

Screening mammography for high-risk patient

This proposal was favorably received but there was some

discussion on the definition of high-risk. There was a suggestion to add age as an inclusion term for high-risk but the consensus was that age per se is not an indicator of high risk as it applies to the entire population, not just select individuals.

There was also a suggestion to change the code title to screening mammogram for family history of breast cancer. This was not accepted because though the only inclusion term now is family history there may be other high risk indicators that could be included in the future. The audience was reminded that this code would not be used for anyone with a sign or symptom or having a mammogram for diagnostic purposes.

There was a request to add an additional new code to the proposal for other screening exams since breast cancer screening is not limited to mammograms. The new code will be added to the proposal.

Neutropenia

There was agreement that code 288.0, Agranulocytosis, should be expanded to identify the other forms of neutropenia currently included under the code. There was a request to add a use additional e code note under the code for drug-induced neutropenia. This will be done.

There was discussion on the definition of toxic neutropenia. The physicians in the audience confirmed that it is not a synonym for drug-induced as some suggested so the term will have to have subterms in the index to allow for its proper coding.

Euthyroid sick syndrome

Dr. Powers confirmed that this is a common clinical finding. There were no other comments on the proposal.

Allergic bronchopulmonary aspergillosis

There was agreement on the value of this proposal but there was discussion over the best place to classify the condition, in infectious diseases or in the respiratory chapter. The consensus seemed to be that it would be more appropriate to classify it to chapter 1.

Disseminated Mycobacterium avium-intracellulare

complex (DMAC)

There was strong support for this proposal. Because it is a condition seen on records now but is not indexed, members of the audience asked what code should be used for it until the new code becomes effective. The audience was advised to use code 031.8, Other specified mycobacterial diseases, until such time that a new code becomes effective.

Fitting and adjustment of cerebral ventricle shunt

This proposal was considered worthwhile. Additionally, a new code for fitting and adjustment of a neuropacemaker was requested.

History of benign neoplasm of brain

There were no objections to this proposal.

Addenda

There was positive response to the majority of addenda items. The distinction between type I and type II diabetes and the difficulty in coding of diabetes was discussed. It is hoped that the instructional note will assist physicians in documenting the correct type of diabetes. The issue of resource consumption for insulin-requiring type II diabetics was raised. This addenda proposal does not identify these patients. The creation of a new fifth-digit for category 250 would be too complicated. There were no alternate suggestions for resolving this.

It was suggested that the term "therapeutic" be added to code V58.6, Long-term (current) drug use, to distinguish it from the drug abuse codes. The classification of the term coin lesion was discussed. There was not consensus that it needs to be reindexed.